

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

ATTACHMENT 2.2-A  
Page 13a  
OMB NO.: 0938-

State: Montana

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

B. Optional Groups Other Than the Medically Needy  
(Continued)

- |              |     |   |
|--------------|-----|---|
| <u>    </u>  | (5) | Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of <u>    </u> ). Inpatient psychiatric services for individuals under age 21 are provided under this plan. |
| <u>  X  </u> | (6) | Other defined groups (and ages), as specified in Supplement 1 of <u>ATTACHMENT 2.2-A</u> .  |

TN No. 93-26  
Supersedes  
TN No. 92-02

Approval Date 12/10/93

Effective Date 7/1/93

HCFA ID: 7983E

sion: HCFA-PM-91-4 (BPD)  
AUGUST 1991

ATTACHMENT 2.2-A  
Page 14  
OMB NO.: 0938-

State: MONTANA

---

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

---

B. Optional Groups Other Than the Medically Needy  
(Continued)

1902(a)(10)  
(A)(ii)(VIII)  
of the Act

/X/

8. A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement--

a. Was eligible for Medicaid under the State's approved Medicaid plan; or

b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies.

The State covers individuals under the age of--

<u>X</u>	21
<u>   </u>	20
<u>   </u>	19
<u>   </u>	18

---

TN No. 92-17

Supersedes Approval Date 4/28/92

TN No. 92-02

Effective Date 01/01/92

HCFA ID: 7983E

Revision: HCFA-PM-91-4  
AUGUST 1991

ATTACHMENT 2.2-A  
PAGE 14a  
OMB No.: 0938-

State: Montana

Agency\* Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy  
(continued)

42 CFR 435.223 [ x ]

9. Individuals described below who would be eligible for TANF if coverage under the State's TANF plan were as broad as allowed under title IV-A:

1902(a)(10)  
(A) (ii) and  
1905(a) of  
the Act

X  Individuals under the age of --

21

20

x  19

18

Caretaker relatives

Pregnant women

TN # 99-009 Approval Date 12/09/99 Effective 07/01/99  
Supersedes  
TN # 92-02

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

ATTACHMENT 2.2-A  
Page 15  
OMB NO.: 0938-

State: MONTANA

---

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

---

B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.230    ☒ 10.    States using SSI criteria with agreements under sections 1616 and 1634 of the Act.

The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a.    Based on need and paid in cash on a regular basis.
- b.    Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c.    Available to all individuals in the State.
- d.    Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.

- \_\_\_ (1)    All aged individuals.
- \_\_\_ (2)    All blind individuals.
- \_\_\_ (3)    All disabled individuals.

---

TN No. 92-02  
Supersedes  
TN No. 87(10)01

Approval Date 1/28/92

Effective Date 10/1/91

HCFA ID: 7983E

ision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

ATTACHMENT 2.2-A  
Page 16  
OMB NO.: 0938-

State: MONTANA

---

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

---

B. Optional Groups Other Than the Medically Needy  
(Continued)

- |                |               |     |   |
|----------------|---------------|-----|---|
| 42 CFR 435.230 | <u>      </u> | (4) | Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.                             |
|                | <u>      </u> | (5) | Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.                            |
|                | <u>      </u> | (6) | Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.                         |
|                | <u>  X  </u>  | (7) | Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230. |
|                | <u>      </u> | (8) | Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.     |
|                | <u>      </u> | (9) | Individuals in additional classifications approved by the Secretary as follows:   |

---

TN No. 92-02  
Supersedes             
TN No. 87(10)01

Approval Date 1/28/92

Effective Date 10/1/91

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

ATTACHMENT 2.2-A  
Page 16a  
OMB NO.: 0938-

State: MONTANA

---

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

---

B. Optional Groups Other Than the Medically Needy  
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

     Yes.

  X   No.

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

---

TN No. 92-02

Supersedes

Approval Date

1/28/92

Effective Date

10/1/91

TN No. 87(10)01

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

ATTACHMENT 2.2-A  
Page 17  
OMB NO.: 0938-

State: MONTANA

---

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

---

B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.121  
435.230  
1902(a)(10)  
(A)(ii)(XI)

11. Section 1902(f) States and SSI criteria States without agreements under section 1616 or 1634 of the Act.

The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in each classification and available on a Statewide basis.
- d. Paid to one or more of the classifications of individuals listed below:

- (1) All aged individuals.
- (2) All blind individuals.
- (3) All disabled individuals.

---

TN No. 92-13

Supersedes 92-02 Approval Date 4/6/92

TN No. 92-02

Effective Date 01/01/92

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

ATTACHMENT 2.2-A  
Page 18  
OMB NO.: 0938-

State: MONTANA

---

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

---

B. Optional Groups Other Than the Medically Needy  
(Continued)

- ☐ (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- ☐ (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- ☐ (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- ☐ (7) Individuals receiving federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- ☐ (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- ☐ (9) Individuals in additional classifications approved by the Secretary as follows:

---

TN No. 92-02  
Supersedes  
TN No. NEW

Approval Date 1/28/92

Effective Date 10/1/91

HCFA ID: 7983E



Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

ATTACHMENT 2.2-A  
Page 18a  
OMB NO.: 0938-

State: MONTANA

---

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

---

B. Optional Groups Other Than the Medically Needy  
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

☐ Yes

☐ No

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

---

TN No. 92-02

Supersedes Approval Date 1/28/92

Effective Date 10/1/91

No. NEW

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

ATTACHMENT 2.2-A  
Page 19  
OMB No.: 0938-

State: MONTANA

---

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

---

B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.231 ☒  
1902(a)(10)  
(A)(ii)(V)  
of the Act

12. Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1 to ATTACHMENT 2.6-A.

☒ The State covers all individuals as described above.

☒ The State covers only the following group or groups of individuals:

1902(a)(10)(A)  
(ii) and 1905(a)  
of the Act

☐ Aged  
☐ Blind  
☐ Disabled  
☐ Individuals under the age of--  
    ☐ 21  
    ☐ 20  
    ☐ 19  
    ☐ 18  
☐ Caretaker relatives  
☐ Pregnant women

---

TN No. 92-02

Supersedes Approval Date 1/28/92

Effective Date 10/1/91

Rev. No. 87(10)9

HCFA ID: 7983E